

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE erwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/765,944 TRANSMITTAL Filing Date January 29, 2004 First Named Inventor **FORM** Klaus Gunter Engel Art Unit 2832

(to be used for all correspondence after initia	Examiner Name	Bernard R	ojas	38							
Total Number of Pages In This Submission	Attorney Docket Number	8989-032	8989-032								
ENCLOSURES (Check all that apply)											
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts		Prawing(s)  icensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocation  Change of Correspondence A  Ferminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on Cl	n Address	Afte App of A App (App (App Pro	eal Communication to Board ppeals and Interferences eal Communication to TC peal Notice, Brief, Reply Brief) prietary Information us Letter er Enclosure(s) (please Identify wy):						
under 37 CFR 1.52 or 1.53											
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Firm Name Bereskin & Parr											
Signature											
Printed name Isis E Caulder											
Date February 9, 2006	February 9, 2006				47,275						
CERTIFICATE OF TRANSMISSION/MAILING											
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature											
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Name (Print/Type) Isis ... Caulder

Date February 9, 2006

PTO/SB/17 (01-06)
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Under the Panel Work Reduction	on Act of 1995	no persons are requ	uited to te	espond to a collection							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL				Complete if Known							
						10/765,944					
			Filing Date Jai		January 29, 2004						
For FY 2006				First Named Inventor Klau		Klaus Gui	laus Gunter Engel				
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Bernard Roj			lojas				
				Art Unit 2832							
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00				Attorney Docket	et No. 8989-032						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number. 02-2095 Deposit Account Name:											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
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information and authorization on PTO-2038.											
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES											
	S	mall Entity	SEAR	RCH FEES Small Entity	EXAIN	INATION <u>Small I</u>					
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee			Fees Paid (\$)			
Utility	300	150	500	250	200	100	)				
Design	200	100	100	50	130	65	5	<del></del>			
Plant	200	100	300	150	160	80	)				
Reissue	300	150	500	250	600	300	)				
Provisional	200	100	0	0	0	) (	)	· .			
2. EXCESS CLAIM FEE	S					F-		mall Entity			
Fee Description Each claim over 20 (including Reissues)							<del>se (\$)</del> 50	Fee (\$) 25			
				200	100						
Each independent claim over 3 (including Reissues) Multiple dependent claims							360	180			
Total Claims	Extra Claim	s <u>Fee (\$)</u>	<u>Fee</u>	Paid (\$)		Mu	itiple Depo	endent Claims			
- 20 or HP = HP = highest number of total	-1-11-1 6	X	_=	·		E	ee (\$)	Fee Paid (\$)			
Indep. Claims	Extra Claim	s <u>Fee (\$)</u>	Fee	Paid (\$)		<del></del>					
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  100 = /50 = (round up to a whole number) x											
4. OTHER FEE(S)											
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Three-month Petition for Extension of Time \$1020.00											
SUBMITTED BY			1	Registration No.			Tolophoro				
ignature				(Attorney/Agent)	47,275		ı elebiloile	(416) 957-1680			

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